Case 1-24-45433-ess Doc 1-7 Filed 12/31/24 Entered 12/31/24 15:26:10

Fill	in this information to ide	ntify the case:				
Deb	tor name 1550 BEDFO	RD AVE LLC				
United States Bankruptcy Court for the: EASTERN District of NEW YORK						
	e number (If known):			(State)		
						☐ Check if this is an amended filing
Off	icial Form 206F	<u> </u>				amended illing
Sc	hedule H: Co	odebtors				12/15
Be as	s complete and accurate additional Page to this page	as possible. If more sp ge.	oace is needed, c	opy the Additional I	Page, numbering the entries	consecutively. Attach
	Does the debtor have any No. Check this box and Yes		court with the deb	tor's other schedules	. Nothing else needs to be repo	orted on this form.
 In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2. 						
	Column 1: Codebtor			Column 2: Creditor		
	Name	Mailing address			Name	Check all schedules that apply:
2.1	YOEL GOLDMAN	141 SKILMAN STREET			DCP BEDFORD G	DCP BEDFORD GRAHAM
		Street				□ E/F □ G
		BROOKLYN	NEW YOU		_	
2.2		City	State	ZIP Code		
2.2		Street				□ D □ E/F
						□ G
		City	State	ZIP Code		
2.3						□ D
		Street				□ E/F □ G
		Cit.	Chata	7ID Code	_	
2.4		City	State	ZIP Code		
		Street				□ D □ E/F
						□ G
0.5		City	State	ZIP Code		
2.5		Street				□ D □ E/F
					_	□ G
		City	State	ZIP Code	_	
2.6					_	□ D
		Street				□ E/F □ G

Official Form 206H Schedule H: Codebtors page 1 of ___

ZIP Code

State

City

Case 1-24-45433-ess Doc 1-7 Filed 12/31/24 Entered 12/31/24 15:26:10

Debtor Case number (if known)____

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. Column 1: Codebtor Column 2: Creditor Check all schedules Name Mailing address Name that apply: □ D Street □ E/F □ G City ZIP Code State ☐ D Street □ E/F □ G City ZIP Code State □ D Street □ E/F □ G City State ZIP Code □ D Street □ E/F □ G City ZIP Code State 2.__ \Box D Street □ E/F □ G City State ZIP Code □ D Street □ E/F □ G City ZIP Code State \Box D Street □ E/F □ G City State ZIP Code 2.__ D D E/F Street G City State ZIP Code

Official Form 206H Schedule H: Codebtors page ___ of ___